



BILL POSTER LICENSE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

LICENSE PERIOD: Biennial; Expires on April 30 of odd-numbered years.

FEE: \$400 fee must accompany application. Checks made payable to: City of Milwaukee.

REQUIREMENTS:

An Occupancy permit must be obtained from the Milwaukee Development Center, Permit Desk, 809 N. Broadway, 1st Floor, (414) 286-8211.

A State Seller's Tax Number must be obtained from the Wisconsin State Office Building at 819 N. 6th St, Room 408, (414) 227-4444.

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)
☐ Corporation or LLC (Fill out Section B, C, & D)

Section A	<u>INDIVIDUAL OR PARTNERSHIP:</u>	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
Section B	Date of Birth:	
	Business Name:	Business Phone Number: () -
	Business Address (include City, State, Zip Code):	
Mailing Address (if different from above address):		
Section C	Full Name of corporation or limited liability company:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth:

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	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Place of Birth:	Place of Birth:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section C Cont.	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Individual/Agent of Corp or LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">President of Corp/Member of LLC/Partner</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Secretary of Corp/Add'l Members/Partner</p>	

Office Use Only:

Initials: _____ **Filed:** _____ **License #:** _____ **Granted:** _____

AD: _____ **NS Inspection Approval:** _____